

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **APR 1, 2007** and ending **MAR 31, 2008****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**THE AMERICAN BREAST CANCER FOUNDATION INC.**

Number and street (or P.O. box if mail is not delivered to street address)

1220-B EAST JOPPA ROAD

City or town, state or country, and ZIP + 4

BALTIMORE, MD 21286**D** Employer identification number**52-2031814****E** Telephone number**410-825-9388****F** Accounting method ☐ Cash ☒ Accrual
☐ Other (Specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **WWW.ABCF.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **10,209,162.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds			1a	
	b	Direct public support (not included on line 1a)			1b	9,964,381.
	c	Indirect public support (not included on line 1a)			1c	
	d	Government contributions (grants) (not included on line 1a)			1d	
	e	Total (add lines 1a through 1d) (cash \$ 9,958,431. noncash \$ 5,950.)			1e	9,964,381.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	8,285.
	5	Dividends and interest from securities			5	11,853.
	6a	Gross rents			6a	
	b	Less: rental expenses			6b	
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory			(A) Securities	8a
		114,203.			(B) Other	8b
	b	Less: cost or other basis and sales expenses			112,797.	8b
	c	Gain or (loss) (attach schedule)			1,406.	8c
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1			8d	1,406.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1b)			9a	
	b	Less: direct expenses other than fundraising expenses			9b	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances			10a	
	b	Less: cost of goods sold			10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	110,440.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	10,096,365.
	13	Program services (from line 14, column (B))			13	7,174,337.
	14	Management and general (from line 44, column (C))			14	327,608.
Expenses	15	Fundraising (from line 44, column (D))			15	3,633,703.
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses. Add lines 16 and 44, column (A)			17	11,135,648.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	-1,039,283.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,284,904.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2			20	10,763.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	2,256,384.
	22					
	23					
	24					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2007)

THE AMERICAN BREAST CANCER FOUNDATION

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Part II **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>81,730</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 81,730.	81,730.	STATEMENT 4	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 394,890.	236,934.		138,211.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 530,944.	299,024.	74,100.	157,820.
27 Pension plan contributions not included on lines 25a, b, and c	27 11,484.	6,522.	1,585.	3,377.
28 Employee benefits not included on lines 25a-27	28 98,612.	49,306.	29,584.	19,722.
29 Payroll taxes	29 70,518.	39,715.	9,842.	20,961.
30 Professional fundraising fees	30 7,560,325.	4,536,195.		3,024,130.
31 Accounting fees	31 21,311.		19,393.	1,918.
32 Legal fees	32 29,540.		26,881.	2,659.
33 Supplies	33 14,876.	10,414.	2,231.	2,231.
34 Telephone	34 39,918.	27,942.	5,988.	5,988.
35 Postage and shipping	35 239,927.	191,942.	11,996.	35,989.
36 Occupancy	36 155,417.	46,625.	62,167.	46,625.
37 Equipment rental and maintenance	37 9,854.	6,401.	2,661.	792.
38 Printing and publications	38 20,045.	11,632.	5,232.	3,181.
39 Travel	39 9,546.	4,649.	110.	4,787.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 23,851.	14,310.	7,156.	2,385.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 3	43g 1,822,860.	1,610,996.	48,937.	162,927.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 11,135,648.	7,174,337.	327,608.	3,633,703.

Joint Costs. Check ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☒ No ☐

If "Yes," enter (i) the aggregate amount of these joint costs \$ 7,560,325. ; (ii) the amount allocated to Program services \$ 4,536,195. ;

(iii) the amount allocated to Management and general \$ 0. ; and (iv) the amount allocated to Fundraising \$ 3,024,130.

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12-27-07

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►

TO PROVIDE EDUCATION AND ACCESS TO EARLY DETECTION SCREENINGS.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a TO PROVIDE INDIVIDUALS IN FINANCIAL NEED, THEIR FAMILIES AND THEIR LOVED ONES WITH EDUCATION, SUPPORT AND ACCESS TO EARLY DETECTION BREAST CANCER SCREENINGS. THE AMERICAN BREAST CANCER FOUNDATION HAS REACHED MILLIONS OF PEOPLE BY TELEPHONE, EDUCATIONAL MESSAGES AND NEWSLETTERS.

(Grants and allocations \$ 81,730.) If this amount includes foreign grants, check here ► ☐

7,174,337.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

7,174,337.

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Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	2,067,656.	45	1,514,881.
	46 Savings and temporary cash investments	1,026,596.	46	731,469.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	13,981.	53	586.
	54 a Investments - publicly-traded securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	212,798.	54a	110,763.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	178,862.			
b Less: accumulated depreciation	99,789.	73,806.	57c	79,073.
58 Other assets, including program-related investments (describe SEE STATEMENT 5)	4,528.	58	4,388.	
59 Total assets (must equal line 74). Add lines 45 through 58	3,399,365.	59	2,441,160.	
Liabilities	60 Accounts payable and accrued expenses	114,461.	60	169,776.
	61 Grants payable		61	15,000.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe 0.)	0.	65	0.
66 Total liabilities. Add lines 60 through 65	114,461.	66	184,776.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2,761,409.	67	2,252,141.
	68 Temporarily restricted	523,495.	68	4,243.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,284,904.	73	2,256,384.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,399,365.	74	2,441,160.

Form 990 (2007)

Part IV-A

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 5			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 8	75b	X	
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
If "Yes," attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address <div style="text-align:center">NONE</div>	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a Enter direct and indirect political expenditures (See line 81 instructions.) 81a 0.			
b Did the organization file Form 1120-POL for this year?	81b		X

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	0.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>	89a	0.
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	89d	0.
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed NONE	90a	NONE
b	Number of employees employed in the pay period that includes March 12, 2007	90b	17
91 a	The books are in care of PHYLLIS WOLF Telephone no. 410-825-9388 Located at 1220-B EAST JOPPA ROAD, SUITE 332, BALTIMORE, MD ZIP + 4 21286	91a	X
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,285.	
96 Dividends and interest from securities			14	11,853.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,406.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a LIST RENTALS			15	110,440.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		131,984.	0.
105 Total (add line 104, columns (B), (D), and (E))					131,984.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes

☒ **No**

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a
controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *Phyllis Wolf* Date: *11-12-2008*
Type or print name and title: *PHYLLIS WOLF* *PRESIDENT*

Paid Preparer's Use Only

Preparer's signature: *John W. Oliver* Date: *11/11/08* Check if self-employed: ☐
Firm's name (or yours if self-employed), address, and ZIP + 4: *HERTZBACH & COMPANY, P.A.*
800 RED BROOK BOULEVARD, SUITE 300
OWINGS MILLS, MD 21117
Preparer's SSN or PTIN (See Gen. Inst. X):
EIN:
Phone no.: *410-363-3200*

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization **THE AMERICAN BREAST CANCER FOUNDATION
INC.**

Employer identification number
52 2031814

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARIA FOKIANOS 1220-B EAST JOPPA ROAD SUITE 332, BAL	BOOKKEEPER 40.00	80,640.	1,300.	
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NON PROFIT PROMOTIONS 8707 HARFORD ROAD, BALTIMORE, MD 21234	FUNDRAISING/SOLICITATION SERVICES	2012630.
ORGANIZATIONAL DEVELOPMENT, INC. 5311 LAKE WORTH ROAD, LAKE WORTH, FL 33463	FUNDRAISING/SOLICITATION SERVICES	1709411.
COMMUNITY SUPPORT, INC. 9021 OGDEN AVENUE, BROOKFIELD, IL 60513	FUNDRAISING/SOLICITATION SERVICES	1517551.
DALE CORPORATION 28091 DEQUINDRE, MADISON HEIGHTS, MI 48071	TELEMARKETING	458,630.
JAK PRODUCTIONS 4501 CIRCLE 75 PARKWAY, SUITE 5280, ATLANTA, GA 3	FUNDRAISING/SOLICITATION SERVICES	424,954.
Total number of others receiving over \$50,000 for professional services	8	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

THE AMERICAN BREAST CANCER FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 **INC.**

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Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

THE AMERICAN BREAST CANCER FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 **INC.**

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Part IV-A

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	15,338,007.	16,174,600.	11,179,137.	7,316,830.	50,008,574.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose				56,361.	56,361.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	83,663.	29,607.	119.		113,389.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 9		
				225.	225.
23 Total of lines 15 through 22	15,421,670.	16,204,207.	11,179,256.	7,373,416.	50,178,549.
24 Line 23 minus line 17	15,421,670.	16,204,207.	11,179,256.	7,317,055.	50,122,188.
25 Enter 1% of line 23	154,217.	162,042.	111,793.	73,734.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					1,002,444.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					486,500.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					50,122,188.
d Add: Amounts from column (e) for lines: 18 <u>113,389.</u> 19 <u>225.</u> 22 <u>486,500.</u>					600,114.
e Public support (line 26c minus line 26d total)					49,522,074.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					98.8027%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u>					
17 <u> </u> 20 <u> </u> 21 <u> </u>					N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

723131 12-27-07

NONE

Schedule A (Form 990 or 990-EZ) 2007

THE AMERICAN BREAST CANCER FOUNDATION

Schedule A (Form 990 or 990-EZ) 2007 **INC.**

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Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group.

Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

(a)
Affiliated group
totals

(b)
To be completed for all
electing organizations

N/A

- | | | |
|-----------|---|---|
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | |
| 39 | Other exempt purpose expenditures | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table - | |
| | If the amount on line 40 is - | The lobbying nontaxable amount is - |
| | Not over \$500,000 | 20% of the amount on line 40 |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| | Over \$17,000,000 | \$1,000,000 |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period					N/A
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total	
45 Lobbying nontaxable amount					0.	
46 Lobbying ceiling amount (150% of line 45(e))					0.	
47 Total lobbying expenditures					0.	
48 Grassroots nontaxable amount					0.	
49 Grassroots ceiling amount (150% of line 48(e))					0.	
50 Grassroots lobbying expenditures					0.	

Part VI-B	Lobbying Activity by Nonelecting Public Charities
------------------	--

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
5824 SHS FIDELITY ADVISOR FLOATING RATE FUND	56,610.	55,824.	0.	786.
6276 SHS OPPENHEIMER SENIOR FLOATING RATE FUND	57,593.	56,973.	0.	620.
TO FORM 990, PART I, LINE 8	114,203.	112,797.	0.	1,406.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON INVESTMENTS	10,763.
TOTAL TO FORM 990, PART I, LINE 20	10,763.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	66,897.	53,077.		13,820.
AUTOMOBILE	830.	15.		815.
INSURANCE	3,497.	1,749.	1,049.	699.
LICENSES AND PERMITS	3,027.		1,514.	1,513.
PROGRAM SERVICES	1,403,034.	1,403,034.		
MEALS AND ENTERTAINMENT	3,473.	240.	2,189.	1,044.
OFFICE EXPENSE	109,438.	76,172.	16,944.	16,322.
OUTSIDE SERVICES	211,085.	66,298.	24,700.	120,087.
TRAINING	7,206.	420.	400.	6,386.
UTILITIES	14,273.	9,991.	2,141.	2,141.
DONATIONS	100.			100.
TOTAL TO FM 990, LN 43	1,822,860.	1,610,996.	48,937.	162,927.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
5824 SHS FIDELITY ADVISOR FLOATING RATE FUND	56,610.	55,824.	0.	786.
6276 SHS OPPENHEIMER SENIOR FLOATING RATE FUND	57,593.	56,973.	0.	620.
TO FORM 990, PART I, LINE 8	114,203.	112,797.	0.	1,406.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON INVESTMENTS	10,763.
TOTAL TO FORM 990, PART I, LINE 20	10,763.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	66,897.	53,077.		13,820.
AUTOMOBILE	830.	15.		815.
INSURANCE	3,497.	1,749.	1,049.	699.
LICENSES AND PERMITS	3,027.		1,514.	1,513.
MAMMOGRAM SERVICES	1,403,034.	1,403,034.		
MEALS AND ENTERTAINMENT	3,473.	240.	2,189.	1,044.
OFFICE EXPENSE	109,438.	76,172.	16,944.	16,322.
OUTSIDE SERVICES	211,085.	66,298.	24,700.	120,087.
TRAINING	7,206.	420.	400.	6,386.
UTILITIES	14,273.	9,991.	2,141.	2,141.
DONATIONS	100.			100.
TOTAL TO FM 990, LN 43	1,822,860.	1,610,996.	48,937.	162,927.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

RESEARCH
AMERIMARK
6864 ENGLE ROAD
CLEVELAND, OH 44130

5,730.

RESEARCH
DOROTHY KAYE
4095 DENTZLER ROAD
PARMA, OH 44131

1,000.

SUPPORT SERVICES
THE RED DEVILS
P.O. BOX 36291
TOWSON, MD 21286

50,000.

SUPPORT SERVICES
ST. MARY'S HEALTH WAGON
119 NUMBER TEN STREET
CLINCHCO, VA 24226

25,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

81,730.

FORM 990

OTHER ASSETS

STATEMENT 5

DESCRIPTION

BEGINNING
OF YEAR

END OF YEAR

DEPOSITS
INTANGIBLE ASSETS3,562.
966.3,562.
826.

TOTAL TO FORM 990, PART IV, LINE 58

4,528.

4,388.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT

6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			110,763.	110,763.
TO FORM 990, LINE 54A, COL B				110,763.	110,763.

FORM 990

PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT

7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRENDA LOUBE 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	CHAIRPERSON OF THE BOARD 3.00	0.	0.	0.
FRANCES KATSHA 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	BOARD MEMBER 3.00	0.	0.	0.
GEORGE BROWN 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	SECRETARY 3.00	0.	0.	0.
PHYLLIS WOLF 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	PRESIDENT 40.00	126,500.	3,795.	0.
TAMMY WAGNER 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	VICE PRESIDENT 40.00	91,840.	2,755.	0.
BRUCE MUELLER 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	BOARD MEMBER 3.00	0.	0.	0.
DAWN CUMMINGS 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	BOARD MEMBER 3.00	0.	0.	0.

THE AMERICAN BREAST CANCER FOUNDATION IN

52-2031814

ARMEE WEIL 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	CONTROLLER 40.00	85,000.	0.	0.
PAMELA MINTER 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	MAJOR GIFTS DIRECTOR 40.00	85,000.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		388,340.	6,550.	0.

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 8

INDIVIDUAL'S NAME

TITLE OR ROLE

PHYLLIS WOLF

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

JOSEPH WOLF

OWNER OF NON PROFIT PROMOTIONS

EXPLANATION OF RELATIONSHIP

FAMILY MEMBERS

SCHEDULE A

OTHER INCOME

STATEMENT 9

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	0.	0.	0.	225.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	225.

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 8

INDIVIDUAL'S NAME

TITLE OR ROLE

PHYLLIS WOLF

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

JOE WOLF

OWNER OF NON PROFIT PROMOTIONS

EXPLANATION OF RELATIONSHIP

FAMILY MEMBERS

SCHEDULE A

OTHER INCOME

STATEMENT 9

DESCRIPTION

2006
AMOUNT2005
AMOUNT2004
AMOUNT2003
AMOUNT

OTHER INCOME

0.

0.

0.

225.

TOTAL TO SCHEDULE A, LINE 22

0.

0.

0.

225.

LIST OF STATES WHERE REGISTERED

Alabama: Consumer Protection Section, 11 South Union Street, Montgomery, AL 36130
 Alaska: Alaska Department Of Law, 1031 W. 4th Ave., Suite 200, Anchorage, AK 99501
 Arkansas: Consumer Protection Division, 323 Center Street, 200 Tower Bldg, Little Rock, AR 72201
 Arizona: Charitable Organization Registration, 1700 W Washington St., 7th Floor, Phoenix, AZ 85007
 California: Registry Of Charitable Trusts, 1300 I Street, Suite 101, Sacramento, CA 95814
 Colorado: Office Of The Secretary Of State, 1560 Broadway, Suite 200, Denver, CO 80202
 Connecticut: Public Charities Unit, 55 Elm Street, Hartford, CT 06106
 Florida: Division Of Consumer Services, 407 S. Calhoun Street, #218, Tallahassee, FL 32399
 Georgia: Office Of The Secretary Of State, 2 Martin Luther King Jr. Dr. SE, #802, Atlanta, GA 30334
 Illinois: Charitable Trusts & Solicitations Div., 100 W Randolph St., 12th Fl, Chicago, IL 60601
 Indiana: Consumer Protection Division, 100 N Senate Ave., Room 201, Indianapolis, IN 46204
 Kansas: Secretary Of State's Office, 120 S W. 10th Ave, 1st Flr Mem. Hall, Topeka, KS 66612
 Kentucky: Consumer Protection Division, 1024 Capital Center Drive, Frankfort, KY 40601
 Jefferson County, Kentucky: Department Of Public Protection, 810 Barret Ave., Suite 128, Louisville, K1 40204
 Louisiana: Consumer Protection Section, 301 Main Street, Suite 1250, Baton Rouge, LA 7080
 Maine: Licensing & Enforcement Division, State House Station 35, Augusta, ME 04333
 Maryland: Charitable Division, State House, Annapolis, MD 21401
 Massachusetts: Division Of Public Charities, 1 Ashburton Place, Boston, MA 02108
 Michigan: Consumer Protection & Charitable Trust, 690 Law Bldg, 525 W. Ottawa Street, Lansing, MI 48913
 Minnesota: Charities Division, 445 Minnesota Street, Suite 1200, St Paul, MN 55101
 Mississippi: Office Of The Secretary Of State, P O Box 136, Jackson, MS 39205
 Missouri: Public Protection Unit, P O Box 899, Jefferson City, MO 65102
 North Carolina: Secretary Of State, 2 South Salisbury Street, Raleigh, NC 27601
 New Hampshire: Division Of Charitable Trusts, 33 Capitol Street, Concord, NH 03301
 New Jersey: Division Of Consumer Affairs, 124 Halsey Street, 7th Floor, Newark, NJ 07101
 New Mexico: , 111 Lomas Blvd, NW, Suite 300, Albuquerque, NM 87102
 New York: Department Of State, 41 State Street, 12th Floor, Albany, NY 12207
 North Dakota: Secretary Of State, 600 East Boulevard, Bismarck, ND 58505
 Ohio: Charitable Foundation Section, 101 East Town Street, Columbus, OH 43215
 Oklahoma: Oklahoma Secretary Of State, 2300 N. Lincoln Blvd, Room 101, Oklahoma City, OK 73105
 Oregon: Department Of Justice, 1515 SW 5th Avenue, Suite 410, Portland, OR 97201
 Pennsylvania: Bureau Of Charitable Organizations, 207 North Office Building, Harrisburg, PA 17120
 Rhode Island: Charitable Organization Section, 233 Richmond Street, Suite 232, Providence, RI 02903
 South Carolina: Office Of The Attorney General, P.O. Box 11350, Columbia, SC 29211
 Tennessee: Division Of Charitable Solicitations, 312 Eighth Avenue North, 8th Floor, Nashville, TN 37243
 Utah: Division Of Consumer Protection, 160 East 300 South, Salt Lake City, UT 45804
 Virginia: Office Of The Attorney General, 1100 Bank Street, Richmond, VA 23219
 Washington: Charitable Solicitation Division, 801 Capitol Way South, Olympia, WA 98504
 West Virginia: Office Of The Secretary Of State, 1900 Kanawha Blvd, East, Charleston, WV 25305
 Wisconsin: Dept Of Regulation & Licensing, 1400 E. Washington Avenue, Madison, WI 53702

AMERICAN BREAST CANCER FOUNDATION
Depreciation Expense [Depreciation]
GAAP

ument Extended Storage\795281-1\THE AMERICAN BREAST CANCER FOUNDATION, INC - 01323000\Extended\ASSET
For the Period April 1, 2007 to March 31, 2008

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
Class COMP										
AMBR000760	DELL COMPUTER - TAMMY									
	02/03/2002	SL100FM	5 0	1,947 94	0 00	1,947 94	0 00	0 00	0 00	1,947 94
AMBR000770	DELL COMPUTER MAUREEN									
	02/03/2002	SL100FM	5 0	1,967 93	0 00	1,967 93	0 00	0 00	0 00	1,967 93
AMBR000780	DELL COMPUTER									
	02/22/2002	SL100FM	5 0	2,691 75	0 00	2,691 75	0 00	0 00	0 00	2,691 75
AMBR000790	DELL COMPUTER									
	03/03/2002	SL100FM	5 0	1,182 90	0 00	1,182 90	0 00	0 00	0 00	1,182 90
AMBR000810	NETWORK SERVER & EQUIPMENT 800MHZ INFOR SERVER, 10 MODEM STATIONS, 10 VOICE & PERIPHERALS									
	05/16/2001	SL100FM	5 0	8,605 00	0 00	8,605 00	0 00	0 00	0 00	8,605 00
AMBR000830	MULTIFUNCTIONAL IMAGE RUNNER, POWER FILTER DIGITAL WALL MOUNT									
	04/01/2004	SL100FM	5 0	8,322 16	1,664 43	4,993 29	1,664 43	0 00	0 00	6,657 72
AMBR000840	RAISER'S EDGE COMPUTER SOFTWARE									
	05/13/2004	SL100FM	5 0	20,945 00	4,189 00	12,217 92	4,189 00	0 00	0 00	16,406 92
AMBR000850	XEON SERVER AND NETWORK INSTALLATION									
	05/13/2004	SL100FM	5 0	4,549 00	909 80	2,653 58	909 80	0 00	0 00	3,563 38
AMBR000860	COMPUTER MONITOR									
	08/24/2004	SL100FM	5 0	4,143 32	828 66	2 209 76	828 66	0 00	0 00	3,038 42
AMBR000890	SONY TAPE DRIVE AND HP GHZ PROCESSOR									
	01/05/2005	SL100FM	5 0	2,226 25	445 25	1,001 81	445 25	0 00	0 00	1,447 06
AMBR000920	COMPUTER - ACERS									
	05/31/2005	SL100FM	5 0	2,165 96	433 19	830 28	433 19	0 00	0 00	1,263 47
AMBR000940	COMPUTER - NINA									
	11/16/2005	SL100FM	5 0	2,357 51	471 50	667 96	471 50	0 00	0 00	1,139 46
AMBR000950	NINA'S COMPUTER									
	12/06/2005	SL100FM	5 0	1,083 42	216 68	288 91	216 68	0 00	0 00	505 59
AMBR000980	COMPUTER AND MONITOR									
	01/31/2006	SL100FM	5 0	1,254 01	250 80	313 50	250 80	0 00	0 00	564 30
AMBR001060	ACER VERITON 6800 PC									
	03/23/2006	SL100FM	5 0	1,429 71	285 94	309 77	285 94	0 00	0 00	595 71
AMBR001080	ACER VERITON 6800 PC									
	03/23/2006	SL100FM	5 0	1,069 83	213 97	231 80	213 97	0 00	0 00	445 77
AMBR001090	VIEWSONIC 21" LCD									
	03/23/2006	SL100FM	5 0	748 16	149 63	162 10	149 63	0 00	0 00	311 73
AMBR001100	VIEWSONIC 21" LCD									
	03/23/2006	SL100FM	5 0	748 16	149 63	162 10	149 63	0 00	0 00	311 73
AMBR001110	LINKSYS ETHERNET PORT SWITCH									
	03/23/2006	SL100FM	5 0	632 12	126 42	136 96	126 42	0 00	0 00	263 38
AMBR001120	ACER TRAVELMATE 4200 NOTEBOOK PC									
	03/23/2006	SL100FM	5 0	1,196 32	239 26	259 20	239 26	0 00	0 00	498 46
AMBR001130	3 LINKSYS ETHERNET PCI									
	03/23/2006	SL100FM	5 0	144 36	28 87	31 28	28 87	0 00	0 00	60 15
AMBR001150	ACER P4 COMPUTER									
	05/09/2006	SL100FM	5 0	1,032 94	206 59	189 37	206 59	0 00	0 00	395 96
AMBR001160	COMPAQ ML 350 SERVER									
	09/13/2006	SL100FM	5 0	13,526 93	2,705 39	1,578 14	2,705 39	0 00	0 00	4,283 53
AMBR001170	ACER 6900 COMPUTER - PROGRAM DEPT									
	03/31/2007	SL100FM	5 0	1,549 05	309 81	25 82	309 81	0 00	0 00	335 63
AMBR001180	RESEARCHER'S EDGE SOFTWARE									
	06/21/2006	SL100FM	5 0	2,712 50	542 50	452 08	542 50	0 00	0 00	994 58
AMBR001190	SQL SERVER SP4									
	08/08/2006	SL100FM	5 0	1,259 94	251 99	167 99	251 99	0 00	0 00	419 98
AMBR001200	RAISER'S EDGE SOFTWARE									

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
Class COMP										
AMBR001210	11/02/2006	SL100FM	5 0	2,445 67	489 13	203 81	489 13	0 00	0 00	692 94
	TECHSOUP SOFTWARE									
AMBR001250	09/22/2006	SL100FM	5 0	484 00	96 80	56 47	96 80	0 00	0 00	153 27
	2 COMPUTERS									
AMBR001280	06/30/2007	SL100FM	5 0	2,477 58	412 93	0 00	412 93	0 00	0 00	412 93
	BLACKBAUD COMPUTER SOFTWARE									
	02/01/2008	SL100FM	5 0	15,871 06	529 04	0 00	529 04	0 00	0 00	529 04
Subtotal COMP (30)				110,770 48	16,147 21	45,539 42	16,147 21	0 00	0 00	61,686 63
Class F & F										
AMBR000580	GLASS END TABLE									
	05/01/1997	MS100AHY	7 0	200 00	0 00	199 14	0 00	0 00	0 00	199 14
AMBR000630	PEDESTAL TABLES									
	04/15/1998	SL100FM	7 0	375 00	0 00	375 00	0 00	0 00	0 00	375 00
AMBR000640	8 LEATHER CHAIRS									
	04/23/1998	SL100FM	7 0	1,160 00	0 00	1,146 29	0 00	0 00	0 00	1,146 29
AMBR000900	OFFICE FURNITURE									
	10/23/2004	SL100FM	7 0	1,129 95	161 42	403 55	161 42	0 00	0 00	564 97
AMBR001030	DESK									
	03/09/2006	SL100FM	7 0	991 94	141 71	153 52	141 71	0 00	0 00	295 23
AMBR001040	DESK									
	03/10/2006	SL100FM	7 0	1,059 94	151 42	164 04	151 42	0 00	0 00	315 46
AMBR001050	CHAIRS AND DESKS									
	03/10/2006	SL100FM	7 0	1,079 93	154 28	167 14	154 28	0 00	0 00	321 42
Subtotal F & F (7)				5,996 76	608 83	2,608 68	608 83	0 00	0 00	3,217 51
Class LHIM										
AMBR001140	TENANT IMPROVEMENTS									
	03/23/2006	SL100FM	5 0	10,466 00	2,093 20	2,267 63	2,093 20	0 00	0 00	4,360 83
Subtotal LHIM (1)				10,466 00	2,093 20	2,267 63	2,093 20	0 00	0 00	4,360 83
Class OFF										
AMBR000420	MAILING MACHINE									
	06/10/1999	SL100FM	5 0	19,258 00	0 00	19,258 00	0 00	0 00	0 00	19,258 00
AMBR000880	ELECTRONICS/APPLIANCES FROM BEST BUY									
	09/23/2004	SL100FM	5 0	5,514 13	1,102 83	2,848 98	1,102 83	0 00	0 00	3,951 81
AMBR000910	FAX / COPIER - JO'S OFFICE									
	04/01/2005	SL100FM	5 0	1,797 53	359 51	719 02	359 51	0 00	0 00	1,078 53
AMBR000930	NEW PHONE SYSTEM									
	10/03/2005	SL100FM	7 0	6,774 00	967 71	1,451 57	967 71	0 00	0 00	2,419 28
AMBR000960	PRINTER - MARY									
	01/03/2006	SL100FM	5 0	672 57	134 51	168 14	134 51	0 00	0 00	302 65
AMBR000970	PRINTER - MAUREEN									
	01/19/2006	SL100FM	5 0	672 57	134 51	168 14	134 51	0 00	0 00	302 65
AMBR001010	PAM'S PRINTER									
	03/31/2006	SL100FM	5 0	2,584 07	516 81	559 88	516 81	0 00	0 00	1,076 69
AMBR001220	PRINTER - MARY									
	04/06/2006	SL100FM	5 0	1,168 54	233 71	233 71	233 71	0 00	0 00	467 42
AMBR001230	CANON FAX MACHINE									
	07/05/2006	SL100FM	5 0	1,273 81	254 76	191 07	254 76	0 00	0 00	445 83
AMBR001240	PRINTER - EMILY									
	01/15/2007	SL100FM	5 0	1,284 39	256 88	64 22	256 88	0 00	0 00	321 10
AMBR001260	FAX/COPIER									
	04/17/2007	SL100FM	10 0	6,284 45	628 45	0 00	628 45	0 00	0 00	628 45
AMBR001270	PRINTER									
	06/18/2007	SL100FM	10 0	1,302 81	108 57	0 00	108 57	0 00	0 00	108 57
AMBR001290	OFFICE EQUIPMENT									
	09/26/2007	SL100FM	10 0	1,360 72	79 38	0 00	79 38	0 00	0 00	79 38
AMBR001300	OFFICE EQUIPMENT									

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
<i>Class OFF</i>	10/15/2007	SL100FM	10 0	1,680 57	84 03	0 00	84 03	0 00	0 00	84 03
<i>Subtotal OFF (14)</i>				51,628 16	4,861 66	25,662 73	4,861 66	0 00	0 00	30,524 39
<i>Grand Total</i>				178,861 40	23,710 90	76,078 46	23,710 90	0 00	0 00	99,789 36

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization THE AMERICAN BREAST CANCER FOUNDATION INC.	Employer identification number 52-2031814
	Number, street, and room or suite no. If a P.O. box, see instructions. 1220-B EAST JOPPA ROAD, NO. 332	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21286	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **PHYLLIS WOLF**

Telephone No. ▶ **410-825-9388**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning **APR 1, 2007**, and ending **MAR 31, 2008**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)